The Scanning Room Ltd

Shoreham Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This is the first inspection of the service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long their results.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff meetings were formally recorded.
- Staff did not have a formal yearly appraisal.
- Not all staff had completed mandatory training.

We rated this service as good because it was safe, caring and responsive and well led. We did not rate the effective domain in line with our current inspection methodology.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good	This is the first inspection of the service. We rated it as good because: • The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers. • The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long their results. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually. However: • Not all staff meetings were formally recorded.

Summary of findings

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- Not all staff had completed mandatory training.

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Summary of findings

Contents

Summary of this inspection

Background to Shoreham Clinic

Shoreham Clinic is operated by The Scanning Room Ltd. The service has been registered with the CQC since 15 June 2016.

The service provides private ultrasound services to self-funding women who are over the age of 16.

The service offers midwife led abdominal and internal ultrasound scans from seven weeks of pregnancy, to determine viability of the pregnancy and growth, up to 40 weeks of gestation as well as blood sampling to screen for abnormalities or concerns. The service also offers a gynaecology scanning service including those undergoing fertility treatment. The service carried out 2,271 ultrasound scans in the 12 months prior to our inspection, 89% of which were for pregnancy.

The midwife is also the registered manager who has been in post since their initial registration. For the purposes of this report, the midwife will be referred to as the registered manager throughout.

We have not previously inspected the service.

How we carried out this inspection

We inspected this service using our comprehensive methodology. We carried out an unannounced visit to the clinic on 30 May 2022. We held additional interviews with the registered manager and the clinic manager on 31 May 2022.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

During our visit, we spoke with the registered manager and the clinic manager. We observed four ultrasound scan procedures with patients' consent and spoke with six patients and their loved ones. We also reviewed feedback of previous service users on an online feedback platform. We reviewed a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

The provider set up a support group for woman who opted to travel abroad for IVF treatment. The group aimed to reduce the isolation and increase emotional support for this patient group.

If a patient received bad news the registered manager or sonographer would allow the family time alone in the clinic room. If the next patient arrived early, they asked them to come back later to allow the family the privacy and dignity to leave without other people being present to witness their grief.

Booking forms were available in other languages using an online translate system.

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider all staff meetings are formally recorded.
- The service should consider all staff complete mandatory training and have oversight of compliance.

The service should ensure all staff working in the service have a formal yearly appraisal.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Good

This is the first inspection for this service. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff. However not all staff had completed it.

All clinical staff kept up-to-date with their mandatory training. The registered manager and two reception staff completed mandatory training through an online portal and all three locum sonographers kept up to date through their additional roles. One member of staff had not completed their mandatory training. However, the provider contacted us the day after the inspection with evidence to show the staff member had now completed training in adult safeguarding, clinical governance and had registered for other appropriate mandatory training.

The mandatory training was comprehensive and met the needs of women and staff. Mandatory training included fire safety, infection control, safeguarding, health and safety, the Mental Capacity Act, equality and diversity and information governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager ensured staff were up to date with their mandatory training and kept records of completion.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The clinic manager had not completed safeguarding training. However, the provider contacted us the day after the inspection with evidence that adult safeguarding had been completed.

Clinical staff were trained to at least safeguarding level two for both vulnerable adults and children. The registered manager was the safeguarding lead and had completed safeguarding level three training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had access to an up-to-date safeguarding policy and the service had clear safeguarding processes and procedures.

The safeguarding policy incorporated the female genital mutilation (FGM) policy which provided staff with guidance on how to identify and report FGM. Safeguarding training also covered FGM.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with were able to explain signs of different types of abuse and the types of concerns they would report or escalate to the registered manager. Staff told us how they had identified a safeguarding concern in the past and had made a referral to the local authority.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic room was visibly clean and had suitable furnishings which were visibly clean and well-maintained. The sofas in the waiting rooms were made of a material which could be wiped clean or replaced if needed and there was a risk assessment in place to support this. The reception and waiting areas were visibly clean.

Staff cleaned equipment after patient contact. The registered manager and sonographers followed the manufacturer's and infection prevention and control guidance for routine disinfection of equipment. Cleaning schedules were carried out in line with the infection prevention and control policy. Transvaginal probes were cleaned in line with national IPC guidance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff completed a daily cleaning log. Staff documented and rectified any areas of concern as necessary.

Staff followed infection control principles including the use of personal protective equipment (PPE). Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

Staff had their arms bare below their elbows and washed their hands before and after each scan. This was in line with the World Health Organisation's five moments of hand hygiene. However, there was no sink in the clinic room so staff washed their hands at the sink in the toilet. This hand washing sink did not have hands free lever taps which did not meet the standard required by Health Building Note 00:03 Designing generic clinical support spaces. Taps should be lever or sensor operated as this means they can easily be turned on and off without staff contaminating their hands However, there was a risk assessment in place to mitigate this.

The service offered non-invasive pre-natal testing (NIPTS). This blood test gives a strong indication of whether the fetus is at high risk of having Trisomy 21 (Downs syndrome) Trisomy 18 (Edwards syndrome) or Trisomy 13 (Patau syndrome). The test can be performed in women carrying one or two foetuses at any stage in their pregnancy from 10 to 32 weeks. The service had a contract with an accredited pathology laboratory and was accredited with the Human Tissue Authority.

The service had an NIPT procedure outlining the steps to take when obtaining blood samples. The guidance outlined hand hygiene steps and the safe disposal of sharps and clinical waste to prevent and control the spread of infection.

Good

Diagnostic imaging

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women's families. The building in which the clinic was situated was very old but had been adapted and was fit for the purpose of the service provided. The premises was on a single story and had easy access for people with limited mobility. However, the toilet was very small and accessed via two steps which made it difficult for those with limited mobility to access. Staff told us the restrictions were explained fully at the time of booking. The building comprised of a reception room with a corridor leading to the clinic room, toilet, staff kitchen and storage area.

The service had enough suitable equipment to meet the needs of patients. The clinic room couch was adjustable for comfort. There was a large screen on the wall of the clinic room and a couch and two chairs for people accompanying patients.
Staff completed regular checks of stock, first aid kit and equipment.
The service did not require a resuscitation trolley. There was a first aid kit which was within expiration date. Staff told us in case of an emergency they would call 999.

Staff carried out daily safety checks of specialist equipment. The scan equipment was serviced yearly and maintained by the company who installed it. The equipment was new when the service opened. The electrical equipment had been safety tested within the last 12 months, which was in line with the provider's safety policy.

Staff disposed of clinical waste safely. Staff organised waste in line with Department of Health and Social Care Health Technical Memorandum 07-01, which reflected national best practice. Staff wore correct PPE while dealing with clinical waste and followed a safe process. Clinical waste was safely stored in a secure, locked area at the back of the premises, within locked bins. The area could only be accessed with a key. The sharps bins for needles used for taking bloods were stored safely.

Disposable equipment was labelled with dates when it was opened. It was disposed of when the expiry date was reached.

The service had appropriate facilities and equipment for taking blood samples. The non-invasive prenatal test (NIPT) procedure provided clear instructions on the labelling, packaging and method of postage. NIPT kits came in individual packs and each kit contained individual needles, a tourniquet (used to obtain blood samples through applying pressure on the arm) and vials for blood samples. The registered manager and sonographers were trained in phlebotomy

Assessing and responding to patient risk

Staff completed and updated risk assessments upon arrival for each woman and removed or minimised risks. Staff responded quickly to sudden deteriorations in a patient's health and would dial 999 for emergency support.

Staff knew about and dealt with any specific risk issues. Staff used the Society of Radiographers 'Pause and Check' system to ensure that the right patient received the right scan at the right time.

Good

Diagnostic imaging

There were clear processes and pathways with local NHS providers for staff to follow if any abnormalities were found on an ultrasound scan. We saw evidence staff made referrals to local early pregnancy units, with the woman's permission. Women were given relevant information about their nearest NHS early pregnancy unit including opening, hours, how to contact them and what to take with them.

Staff shared key information to keep women safe when handing over their care to others. Women were given a copy of their scan report to take to their GP, midwife or early pregnancy assessment unit when referred due to a complication or abnormality. Referral letters contained all relevant information.

Women were asked to bring their NHS pregnancy notes to the scan, and we saw every woman was asked for these for the midwife or sonographer to review.

Staff were clear that they did not offer scans to people under the age of 16 or to women who had been scanned within the last two weeks.

The clinic offered scans to people aged 16 to 17 years of age. The policy stated women in this age range could only request a scan if they were accompanied by a guardian and brought their NHS pregnancy notes with them.

Pre-scan questionnaires and consent forms at the service ensured enough information was obtained from women before their scans; for example, in relation to number of weeks pregnant, and number of previous pregnancies. Women were also required to declare medical conditions that might affect their scan.

The service had an up to date fetal abnormality policy which detailed the process to follow if these were identified.

Women who attended for a scan were asked if they had a latex allergy.

Staffing

The service had staff with the right qualifications, skills and experience to keep women safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels.

The clinic had enough staff to keep women safe. Scans were carried out either by the registered manager or by one of three locum sonographers. The clinic manager or receptionist acted as a chaperone if this was requested. Staffing was reviewed on a daily basis to ensure there were sufficient numbers of staff to provide a service.

Women booked their appointments by phone or online and the registered manager, locum sonographers and clinic manager shared responsibility for managing enquiries and appointment bookings.

The sonographers were registered with the Health and Care Professionals Council (HCPC) and had professional indemnity insurance.

Records

Staff kept detailed records of women's care and diagnostic procedures. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service had an up-to-date information governance policy and a data retention policy. The registered manager was the information governance lead for the service.

Good

Diagnostic imaging

Women's notes were comprehensive, and all staff could access them easily.

We reviewed five records including scan reports and referrals due to complications. All records were clear, concise and comprehensive, containing all relevant information and signed and dated by the registered manager or sonographer.

Staff ensured women's confidential personal information was maintained and not accessible to others. For example, registration forms were kept at reception in a covered clip board before they were called in to the scanning room.

Records were stored securely. Records were kept electronically and in paper form. Computers were password protected. All paper notes were stored in locked cupboards.

When women transferred to a new team, there were no delays in staff accessing their records. When a woman was referred to hospital, a copy was sent to the hospital by email and a copy was printed out for the woman to have to take with them. Reports were put into an envelope, so no paperwork was visible.

After initial consultations, the service held contact details for women requiring test results from non-invasive prenatal testing (NIPT) to enable feedback of blood test results. This information remained confidential and was stored securely.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. The provider had a process to investigate incidents and share lessons learned with the whole team.

Staff knew what incidents to report and how to report them. The service had an up-to-date incident reporting policy, which detailed staff responsibilities to report, manage and monitor incidents. All incidents were reported directly to the registered manager for action. The service used an electronic system to report incidents and an incident log was available in the clinic. The service had not had an incident in the last year. If an incident was to occur, the midwife was responsible for conducting investigations into all incidents at the location. Additional support to review incidents could be sough from other member of staff.

The service had no never events. Since the service opened in December 2019, there were no never events, or serious incidents at the location.

Staff understood the duty of candour. In the past year, there were no incidents requiring duty of candour notifications. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager could explain the process they would undertake if they needed to implement the duty of candour because of an incident, which was in line with the regulatory requirements.

Are Diagnostic imaging effective?

Inspected but not rated

This is the first inspection for this service. We do not rate the effective domain.

Good

Diagnostic imaging

Evidence-based care and treatment

The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983 and followed the Code of Practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff could access policies online or in the policies folders. The registered manager shared policies by email as they were reviewed and updated.

Local policies and protocols were in line with current legislation and national evidence-based guidance from professional organisations, such as the National Institute for Health and Care Excellence (NICE) and the British Medical Ultrasound Society (BMUS). All policies and protocols we reviewed had a renewal date, which ensured they were reviewed by the service in a timely manner. Staff confirmed by email when they had read updates to policies.

The clinic followed nationally recognised best practice, which recommends a two-week time gap between scans.

The service had an effective audit programme that provided assurance about the quality and safety of the service. The registered manager carried out audits where they monitored women's experience, cleanliness, health and safety, ultrasound scan reports and documentation, equipment, policies and procedures.

The service used technology and equipment to enhance the delivery of effective care and treatment to women. The service utilised up-to-date scanning equipment to provide high-quality ultrasound images. They also had a wall-mounted screen situated in the scan room which enabled women and their families to view their baby more easily.

Women were able to video the scan to keep or share with others.

The service was inclusive to all pregnant women and supported all women regardless of their age, disability, pregnancy and maternity status, race, religion or belief, and sexual orientation to make their own care and treatment decisions.

Nutrition and hydration

Staff took into account women's individual needs.

Due to the nature of the service, food and drink was not routinely offered to women. However, water was available if requested. Women were asked to drink extra fluids on the lead up to their appointment, to improve the quality of the ultrasound image. This information was given to women when they contacted the clinic to book their appointment.

We saw the registered manager giving advice about coping with morning sickness including what to eat and when, in order to reduce symptoms.

Pain relief

Staff assessed and monitored women regularly to see if they were in pain.

During scans we saw the registered manager ask women if they were comfortable or experiencing any pain at regular intervals.

Good

Diagnostic imaging

Patient outcomes

Staff monitored the effectiveness of care. They used the findings to make improvements and achieved good outcomes for women.

The registered manager collected data on an on-going basis. This included information about the number of ultrasound scans completed and the number of referrals made to other healthcare services. This enabled them to understand what audits were needed to give valid data and identify trends and areas for improvement.

Managers shared and made sure staff understood information from the audits. Improvement was checked and monitored. There was a peer review process to ensure scan results were subject to the appropriate scrutiny.

In the past year, the service had referred 21 women to antenatal (NHS) care providers due to the detection of potential concerns.

The registered manager ensured there were clear criteria for doing scans and repeat scans. If a gender scan was requested and the baby was not in a suitable position to reveal the gender, the woman was invited to reattend free of charge. Rescans were done in the most appropriate timescales. This was to ensure women were not persuaded to have multiple scans, which would not have given them any more information than they already had.

Competent staff

The service made sure staff were competent for their roles. Managers held supervision meetings with them to provide support and development. However, staff did not receive documented appraisals.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Staff files contained recruitment records which showed all staff had relevant qualifications and employment history confirmed prior to starting work. All staff had up to date Disclosure and Barring Service (DBS) checks.

We reviewed five personnel files and all staff had proof of identification, residence, and an up-to-date curriculum vitae on file. The service had obtained two references for all staff in line with their policy. We also saw employment offer letters, evidence of induction training, qualifications, and professional memberships were kept on file.

The registered manager was registered with the Nursing Midwifery Council (NMC) and the locum sonographers were registered with the Health and Care Professions Council (HCPC). The registered manager checked the registration yearly. We reviewed the staff files for one receptionist and two locum sonographers and saw all relevant employment and qualification checks had been completed. The provider had a policy to recruit sonographers from local NHS trusts.

All staff received an induction tailored to their role before they started work. We reviewed the induction checklist for a new locum sonographer and saw it was comprehensive. The induction was tailored to the needs of the staff member and staff were shadowed by the registered manager until their competence was assured.

The manager did not support staff to develop through yearly, constructive appraisals of their work. The registered manager told us as they were a small service so staff received informal feedback and verbal appraisal of their work.

The registered manager supported sonographers to develop through regular, constructive clinical supervision of their work.

Good

Diagnostic imaging

Managers made sure staff received any specialist training for their role. There was a record of specialist training the registered manager and locum sonographers received for their roles.

Multidisciplinary working

Staff worked together as a team to benefit women. They supported each other to provide good care.

The team worked well together and communicated effectively for the benefit of the women and their families.

Staff worked across healthcare disciplines and with other agencies when required to care for women. The service had links with the local NHS trusts to ensure they had effective referral pathways for women when needed. The service had established pathways in place to refer women local NHS trust if any abnormalities or concerns were identified.

The registered manager was able to track NIPT blood samples from when they were received in the laboratory, when they were analysed and when the results were sent out.

We saw very positive staff working relationships. This promoted a relaxed and welcoming environment and helped put women and their families at ease.

Seven-day services

Services were available to support timely patient care.

The clinic offered scans three days a week, on Mondays, Thursdays and Saturdays. Appointments were available until 8pm on Saturdays.

Shoreham Clinic was not an acute service and did not routinely offer emergency tests or treatment, although they reminded women to call emergency services if necessary and gave women contact details of other NHS services available to them. This meant services did not need to be delivered seven days a week to be effective.

Patients could book appointments 24 hours a day through the website.

Health promotion

Staff gave women practical support and advice to lead healthier lives.

We saw clinical staff offering advice about looking after their mental health during pregnancy. There were leaflets offering local mental health support services in the waiting area.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported women to make informed decisions about their care. They followed national guidance to gain women's consent.

The registered manager and locum sonographers completed training in relation to consent and the Mental Capacity Act (2005), as part of their mandatory training programme. The clinic manager and two receptionists had completed this training with the midwife during their induction. There was a Mental Capacity Act (2005) policy for staff to follow, which clearly outlined the service's expectations and processes. Staff understood the relevant consent and decision-making requirements of legislation and guidance.

Good

Diagnostic imaging

Staff gained consent from women for their care and treatment in line with legislation and guidance. Women received the consent form by email, prior to their appointment and could read and sign online or request a paper copy and sign when they arrived for their appointment. The consent form included information about ultrasound scanning and safety information, a pre-scan questionnaire and declaration form which included information about scan limitations, referral consent, and use of data.

Staff clearly recorded consent in women's records. The midwife and locum sonographers received a copy of the consent form prior to the procedure and gained verbal consent before going ahead. If the consent was signed in paper format, a copy was provided to the woman to take away.

The phlebotomist ensured women understood the procedure for NIPTs blood tests and what the results could mean before they asked for consent. Consent was obtained in line with current legislation and guidance. Where anomalies were found, the results were documented, and the consent to share the information with their maternity provider was requested.

Are Diagnostic imaging caring?

Good

This is the first inspection for this service. We rated caring as good.

Compassionate care

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way. During the four scans we saw the registered manager introduced herself, explained her role, provided details of the procedure and welcomed any questions.

Women and families, we spoke with, said staff treated them well and with kindness. One family told us how the service had gone above and beyond during an anxious time on their first visit. We saw many thank you cards and letters from women who had a good experience at the clinic. These included comments that the team's kindness and professional manner had helped relieve anxiety during pregnancy as well as comments relating to advice about morning sickness which had relieved symptoms. Other comments included "you gave us plenty of time, your manner and reassurance meant a lot, thank you for your lovely kind words and sentiments, thank you for coming to my rescue, you were all so calming and reassuring".

Staff ensure that women's dignity and privacy was respected at all times. This was done in a sensitive and caring way.

Staff delivered personalised scans that involved the woman and her family. The clinic room had two screens so everyone could view the images together. We saw staff involve both parents and other family members, for example saying, 'look how active your baby is today' and pointing out features such as eyes, feet and nose to give a memorable experience.

Good

Diagnostic imaging

Emotional support

Staff provided a strong caring culture. They provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.

Staff were careful to manage the diary to ensure that women who had experienced pregnancy loss or were anxious about their pregnancy did not share the same area with women who were much later in their pregnancy.

There were high levels of emotional support available to women and their companions. We spoke with six women and their loved ones who all gave very positive feedback about the support they received. Comments included “the care is over and above what we received elsewhere with our previous pregnancy, support after my miscarriage was amazing, it is a gentle environment”.

Staff supported women who became distressed in an open environment, and helped them maintain their privacy and dignity. Staff told us they gave patients as much time as they required if they became distressed and would be supported and have time to ask questions and arrange follow up appointments with their midwife or hospital if needed. If a patient received bad news the registered manager or sonographer would allow the family time alone in the clinic room. If the next patient arrived early they asked them to come back later to allow the family the privacy and dignity to leave without other people being present to witness their grief.

Staff were understanding to the needs of patients and listened to any concerns that they had. These were answered appropriately, and reassurance given when needed. Patients were encouraged to contact their GP or midwife if they had any concerns and to attend their NHS scans.

Women were given information on counselling services should they need them.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Feedback from these patients was very positive about the way they had received the news and the kindness and compassion shown to them by staff.

Understanding and involvement of women and those close to them

Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

During our inspection, staff were seen interacting with patients in a respectful way and acknowledged family members when they were there. Patients and their loved ones were welcomed by staff and there was enough room to accommodate up to four people in the clinic.

The service displayed their scans and packages with pricing on their website and confirmed pricing at the time of booking. They took payment in the reception areas while patients waited for their appointment. If patients had not completed the online consent form they were given a paper consent form to read and sign. Patients were then invited into the scanning room. We saw this process being carried out at the time of inspection.

Staff made sure women and those close to them understood their care and procedures. We saw staff took time explaining procedures to women before and during ultrasound scans and left adequate time for patients and their companions to ask questions and have these satisfactorily answered. Additional time was given to women and their families if needed.

Good

Diagnostic imaging

Patients we spoke with at inspection said that they had received detailed explanations of scan procedures and accompanying written feedback. Staff told us that patients were always told when they needed to seek further advice and support. Staff told us they always ensured their patient knew how to access other agencies for support before leaving the clinic.

Women gave positive feedback about the service. Women and their companions were also able to leave feedback on open social media platforms. We reviewed a selection of reviews (from the hundreds available) and found the service was very highly rated (five stars), and feedback was overwhelmingly positive. The registered manager regularly monitored and responded to individual feedback and there was a record of most frequent used words which were "reassuring, recommended service, lovely team, great receptionists, knowledgeable, calming and kind".

Are Diagnostic imaging responsive?

Good

This is the first inspection for this service. We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that put the needs of met the needs of local people and the communities served.

Staff planned and organised services, so they met the changing needs of people who used the service. People could access services and appointments in a way and at a time that suited them. The service had appointments available in the evenings and at weekends. Women told us they had not had to wait to book an appointment. The service was flexible with the last appointment dependent on the number of bookings.

Information about services offered at the location were accessible online. The service offered a range of ultrasound scans for pregnant women; such as early scan, dating scan, reassurance and gender scan, anomaly scan, growth scan, four dimensional growth scan and presentation scan. There was a guide for women to select the most appropriate scan for them based on the number of weeks of pregnancy and their personal preferences. Details of fertility and gynaecology scans were also available online along with information about blood tests. Staff gave women relevant information about their scan when they booked their appointment. This included whether they needed a full bladder and when was the best gestation for their scan. Scan prices were detailed on the service's website, and we saw staff clearly explaining costs and payment options to women during and after their appointments.

The registered manager identified there was a demand for non-invasive pre-natal testing (NIPT) and had increased the services available to include these. The registered manager provided clear guidance to women to explain exactly what was involved and what the service could check for. Staff made sure women understood the scans they had, did not replace those provided by the NHS.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who have complex needs. The registered manager explained they had provided services for many same sex couples.

Booking forms were available in other languages using an online translate system. The service told us there were some women in the locality, who belonged to a minority ethnic group, and who were unable to read English. If women were unable to fill in the form for this reason, they were encouraged to call the service who booked them a longer appointment to enable time to fully explain the scan options. This option was discussed by phone and also shared within the group of women who had become comfortable using the service for this reason.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate for the service being delivered and was customer centered. The scan room was large with enough seating and additional standing room for loved ones and children of all ages were welcome to attend. The scanning room had a large wall-mounted screen which projected the scan images from the ultrasound machine. This enabled women and their loved ones to view their baby scan more easily and from anywhere in the room. This was in line with recommendations by the Royal College of Radiologists, Standards for the provision of an ultrasound service (December 2014).

The service did not formally monitor rates of non-attendance. However, managers ensured that women who did not attend appointments were contacted. There was a very low rate of non-attendance because the service requested a non-refundable deposit payment on appointment booking. If a woman suffered a miscarriage before their appointment, staff would refund the deposit payment. Women were able to postpone their appointments if they phoned in advance.

The service offered non-invasive pre-natal testing (NIPTS) services and had a contract with an accredited clinic.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They directed women to other services where necessary.

All staff ensured women did not stay longer than they needed to. Staff were able to print photographs for people to take home with them.

All scans started with a wellbeing check. The registered manager or sonographer looked at the baby's movements, heartbeat and position. They also looked at the presentation of the baby, head and abdominal circumference measurements. Other measurements, such as femur length measurements and estimated foetal weight were carried out on growth and presentation scans.

The service provided scans for women from 16 to 40 weeks of pregnancy. Gender confirmation and growth scans were also available. Women who mostly wanted a scan for souvenir purposes had a well-being scan as well and could view their baby in four dimensions as well as in two dimensions. A four dimensional scan enables women to see their baby moving as a three dimensional image. The service only provided private services. They did not undertake any scans or tests on behalf of the NHS or other private providers.

Managers made sure staff, and women, loved ones and carers could get help from an online interpreter service when needed. Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. People who were deaf or hard of hearing, and were unable to hear the baby's heartbeat, were invited to place their hand on the ultrasound machine so they could feel it.

Access and flow

People could access the service when they needed it. They received the right care and their results promptly.

Good

Diagnostic imaging

Women self-referred to the service. Scan appointments could be booked in person, by phone, by email or through the service's website. During our inspection, clinics ran on time. Women were given a written report along with photographs of the scan if appropriate on the same day as their appointment.

NIPT blood results usually took one week to be received from the laboratory. If results were not reported in the expected time frame the provider would formally follow up the test results.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women and their loved ones knew how to complain or raise concerns. The service had an up-to- date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The policy confirmed that all complaints would be acknowledged by email or phone call and resolved within four weeks.

The service clearly displayed information about how to raise a concern in patient areas. The complaints policy was available to view on the provider's website. Staff understood the policy on complaints and knew how to handle them. The registered manager investigated any complaint received through the service's comments cards, website or social media and attempted to deal with concerns at the time to resolve women's concerns. Women were invited to give feedback about the service after their appointment. This helped identify any potential dissatisfaction whilst still on-site.

The registered manager investigated complaints and identified themes. In the past year, there had been one complaint. Complaints were investigated and closed in a timely manner in line with the complaints policy. Action was taken in response to complaints received to help improve women's experience and service provision. For example, when a patient expressed concerns about the negative language used on the website when describing birth anomalies, the provider listened to the comments and changed the wording to represent more considerate language.

Are Diagnostic imaging well-led?

Good

This is the first inspection of the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff.

Leaders demonstrated the knowledge and skills to run the service well. Staff told us leaders were visible, approachable and supportive. The clinic was supported by a midwife who was registered with the Nursing and Midwifery council. The clinical team were support by a receptionist who provided administration support.

Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Good

Diagnostic imaging

Staff were supported to keep their skills relevant and up to date.

The provider told us they held regular team meetings which were well attended by all staff. There was no formal record of the meetings, but we saw that updates were recorded in the staff online discussion. Meetings were held on an ad hoc basis around once every month.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a vision and strategy to demonstrate pride in in delivering high quality care to patients that reflected national policies and guidelines. It was designed with staff and as a result felt committed to its delivery.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service had an open culture where women and staff could raise concerns without fear.

Staff were positive, enthusiastic and enjoyed working for the service. We found an open culture where staff felt supported and valued. Staff felt able to raise concerns and have these listened to and resolved.

Patients also felt confident they could talk to staff openly about their concerns. Staff supported patients when they wanted to make comments or give feedback about the service. Staff showed kindness and consideration at all stages of the patients' contact with the service.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The provider operated effective governance processes that confirmed and supported the quality of care. When staff were recruited their details were checked with the Disclosure and Barring Service to ensure that they were able to work with vulnerable adults and children.

Managers sought and encouraged professional feedback from hospitals with which they worked. Performance data was routinely collected and collated to make sure the service was delivering a quality service that benefited patients and provided a positive patient experience.

Staff were clear about their roles and responsibilities. Due to the size of the team, staff were actively involved in governance processes and service performance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a formal risk register and operated risk assessment processes. Risk assessments were undertaken to ensure oversight of any potential risks and were able to manage them accordingly.

Good

Diagnostic imaging

Financial pressures were managed so that they did not compromise the quality of care. Records showed that staff contributed to decision making about the management of risks, issues and performance.

Performance data was routinely collected and collated to monitor the quality of service. Subjects included time from referral to scan, referral to completed report and the number of urgent patients scanned within two weeks. Performance was discussed with the team at team meetings.

The provider had a business continuity plan. This included guidance for staff on how to manage in the event of severe weather, staff absence and IT failures.

Information Management

The service collected reliable data and analysed it.

The service had an up-to-date information governance policy and a data retention policy. The registered manager was the information governance lead for the service.

Information governance was included in the mandatory training modules. All patient sensitive data was kept secure and remained confidential. Patients received a copy of their ultrasound report, and a copy went to their GP.

The registered manager was familiar with data notifications that needed to be sent to external bodies, including those that needed to be submitted to CQC.

The service monitored patient outcomes for patients who were referred to the NHS.

Engagement

Leaders and staff actively and openly engaged with women, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

Care was provided by a small and well-integrated team. This meant, staff engagement happened daily and was not formalised, other than in staff meetings. The provider had a private online discussion group which was used for regular communication with staff.

Collaboration with partner organisations was well thought out and productive. Managers made follow-up calls to local hospitals to check the quality of referrals. They had established good working relationships with these services which helped to facilitate urgent referrals.

The service had a website that provided accurate information to patients and the public on the investigations provided, the fees, location and details on how to make an appointment, a comment or a concern.

The registered manager described positive and useful working relationships with staff from the local hospital trust.

Learning, continuous improvement and innovation

The provider set up a support group for woman who opted to travel abroad for IVF treatment. The group aimed to reduce the isolation and increase emotional support for this patient group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.